

OEVR GUIDELINES FOR VOCATIONAL REHABILITATION PROVIDERS



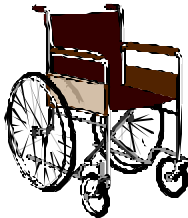
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**REHABILITATION/RE-EMPLOYMENT
IWRP**

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O.E.V.R. DIRECTOR

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OEVR GUIDELINES FOR VOCATIONAL REHABILITATION PROVIDERS

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PRACTICE GUIDELINES FOR PROVIDERS

I. INTRODUCTION

The purpose of these guidelines is to help familiarize approved vocational rehabilitation providers with policies and practices established over time by the Office of Education and Vocational Rehabilitation (OEVR).

In addition to the guidelines set forth below, providers should be familiar with the following:

- Massachusetts General Laws, chapter 152, §§ 1(12), 30E – 30I;
- 452 Code Mass. Regs. § 4.00 et seq.;
- the Request for Proposals (RFP) issued annually by the department for approval of vocational rehabilitation providers;
- the terms and conditions of the standard state contract for those providers under contract to perform services payable by the Workers' Compensation Trust Fund (as established under G.L. c. 152, § 65 (2) (d)); and
- the Code of Professional Ethics for Rehabilitation Counselors.

II. PRACTICE GUIDELINES

A. ROLE OF THE PROVIDER

The role of an approved vocational rehabilitation provider is to service the injured employee and to restore, at a reasonable cost, the injured employee to suitable employment at a wage that best approximates the pre-injury wage.

B. PRESERVING THE INTEGRITY OF SERVICES

To ensure the effectiveness of vocational rehabilitation services, it is necessary to ensure the integrity of the environment in which such services are delivered. This integrity can only be maintained where there is clear understanding as to the purposes of both the vocational rehabilitation services and the approved vocational rehabilitation provider. Consequently, in order to better promote the understanding of all parties and to better assist OEVR in overseeing the performance of each provider, the following guidelines were established:

- 1.** In all instances, an approved vocational rehabilitation provider must ensure that all services, including all disclosures relating to such services, are provided in a manner consistent with all

applicable statutory and regulatory provisions, as well as those requirements set out in the Code of Professional Ethics for Rehabilitation Counselors and the Commonwealth of Massachusetts Licensed Rehabilitation Counselor standards of practice as accepted by the Commission on Rehabilitation Counselor Certification.

2. In all instances in which OEVR has determined that an employee is suitable for vocational rehabilitation, an approved vocational rehabilitation provider shall immediately notify OEVR as to the provider's rendering of any service involving the same injured employee prior to or concurrent with the provision of vocational rehabilitation services. In determining whether the rendering of any service prohibits the provision of vocational rehabilitation services, OEVR will be guided by 452 Code Mass. Regs. § 4.04.

3. [C]ertified providers performing any type of claims functions apart from vocational rehabilitation services, including hypothetical labor market surveys and earning capacity evaluations, shall be prohibited from providing vocational services to the same injured employee.

C. OTHER PRACTICE REQUIREMENTS

1. PERSONNEL WHO MAY PROVIDE SERVICES

Only persons approved by OEVR, or under the supervision of a person approved by OEVR, are permitted to provide vocational rehabilitation services under G.L. c. 152 and 452 Code Mass. Regs. § 4.00 et seq.

2. APPROVAL OF PROVIDERS/REPORTING MATERIAL CHANGES TO OPERATION

Providers are approved by OEVR for a period not to exceed one year. Any material change(s) to the operation of the provider from information submitted as part of the application for approval must be filed immediately with OEVR.

(Requests for approval are accepted year-round but all approvals expire at the end of each fiscal year, which runs from July 1st through June 30th.)

3. REFERRAL OF CASES TO OEVR

Providers are required to ensure, in every instance where liability has been accepted, established or where the employee is not able to return to work in a comparable capacity with the pre-injury employer, that each injured employee receiving vocational rehabilitation services from the provider has been referred to OEVR.

(Since an important function of OEVR is to educate injured workers as to all potential rights and responsibilities relating to vocational rehabilitation benefits, it is critical that providers ensure that all such injured workers have been referred to OEVR at the appropriate time.)

4. INITIATION OF VOCATIONAL REHABILITATION SERVICES

No vocational rehabilitation services (including, but not limited to: training, job placement and job seeking skills, but excluding vocational testing and counseling, transferable skills and job evaluation) may be initiated on a case in which suitability has been determined by OEVR until an Individualized Written Rehabilitation Program (IWRP) has been approved by OEVR.

(Services, excluding those relating to the establishment of a vocational goal, are not to be provided and later included on an IWRP that has not been approved by OEVR. OEVR will facilitate its approval process by use of all available resources, including facsimiles.)

5. CONTACT WITH INJURED EMPLOYEE/LEGAL REPRESENTATIVE

The provider is responsible for contacting the injured employee and his or her legal representative following the provider's assignment to the case. Inability to meet with an injured employee or with the injured employee and his or her legal representative following a determination of suitability by OEVR should be immediately reported by the provider to OEVR.

(OEVR can help facilitate participation of all parties when notified by the provider in a timely manner.)

6. CONSENT FORMS/EXPIRATION

Any and all consent forms signed by an injured employee during the course of vocational rehabilitation are to expire upon the termination of vocational rehabilitation services and must state so on the consent form.

(To ensure that the use of consent forms drafted during the course of vocational rehabilitation relates to vocational rehabilitation purpose only, the duration of the consent must not exceed the period of the voc rehab program.)

7. DOCUMENTATION OF CONTACT WITH PRE-INJURY EMPLOYER

Providers must document contact with the former employer to determine whether modified or alternative employment is available.

(Contact with the former employer by either the insurer or provider must be accomplished in all cases in order to ensure the setting of appropriate vocational goals and adherence to the established hierarchy of needs relating to return-to-work.)

8. PRESENTATION OF IWRP

In order to obtain OEVR approval, all IWRPs must set out the rehabilitation plan in a complete, clear and legible manner. All amendments to IWRPs are subject to the same submission requirements as the original plan.

(Since the IWRP is often the centerpiece of a vocational rehabilitation program, IWRPs and all amendments will not be approved by OEVR if, in form or content, they fail to meet accepted professional standards.)

9. SUBMISSION OF IWRP/REPORTS

The provider is responsible for ensuring that all IWRPs, progress and closure reports are submitted in a timely fashion to OEVR, the employee (if *pro se*, or if otherwise requested), the employee's legal representative and the insurer. It is suggested that IWRPs be submitted within 90 days of initiating vocational rehabilitation services and that progress reports on active cases be submitted every 30 days, or every 90 days if there is an ongoing training program.

(Timeliness and mutual information sharing are key to the delivery of successful vocational rehabilitation services. Consequently, it is the duty of the provider to timely submit all reports to all affected parties.)

10. CASE CLOSURE/NOTIFICATION AND CONSENT

In all cases where suitability has been determined, providers shall immediately notify OEVR whenever any party requests the cessation of vocational rehabilitation services. No such case may be closed by the provider without the express consent of OEVR.

(Requiring OEVR consent on closures not only ensures that the provider and OEVR will work closely together in overseeing the progress of each case but further ensures continuity in instances where such services are to be resumed by the insurer or provided under the auspices of the Workers' Compensation Trust Fund pursuant to § 30H. Again, OEVR will facilitate its approval process by use of all available resources, including facsimiles.)

11. MODIFIED EMPLOYMENT/DEVELOPMENT OF IWRP

Vocational rehabilitation services involving placement into modified employment follow the same requirements in respect to the filing of progress reports and development of IWRPs that apply to all cases. Where liability is accepted or established and the employee returned to work in a modified job not generally available on the open job market at his average weekly wage(AWW) (or approximate AWW), but the job becomes unavailable, additional VR services may be appropriate. No IWRP will be required or approved which does not involve placement into permanent employment.

(Providers are to report the progress of every case to OEVR in thirty (30) day intervals until case closure or as otherwise required in accordance with an approved IWRP developed according to the established hierarchy of employment goals within ninety (90) days of a provider's assignment to the case.

12. REPORTING OF PROVIDER COST DATA FOR VR SERVICES

Costs of vocational rehabilitation services are to be calculated from the date of OEVR's initial Determination of Suitability (DOS) and reported to OEVR on Quarterly and Closure reports. Where applicable, the actual or estimated cost of each individual vocational rehabilitation service must be accurately entered on the IWRP.

(Where OEVR requires the reporting of overall cost data, as it does in its Quarterly and Case Amendment/Closure reports, such data should reflect the costs relating to vocational rehabilitation

services provided subsequent to OEVR's initial determination of suitability. Where individualized (per service) cost data is otherwise required, as in the IWRP, such data must also be completely and accurately reported.)

13. INCLUSION OF INCIDENTAL EXPENSES IN IWRP/RATE OF REIMBURSEMENT

All incidental expenses necessary to the provision of vocational rehabilitation services shall, whenever possible, be expressly set forth in the IWRP. The rate of reimbursement for the first fifty (50) round-trip miles of related automobile travel shall be no less than the rate reimbursed by the Workers' Compensation Trust Fund (presently \$.27 per mile). Because the employee has limited monetary resources, the provider should arrange for payment of all necessary IWRP expenses in order to avoid the employee paying for any expenses out of pocket.

(All necessary incidental expenses including: travel, training materials and fees inclusive of mandated insurance requirements] should be addressed in the IWRP or by an amendment to the IWRP.)

14. APPLICATION OF OUTSIDE FUNDING SOURCES

Providers are expected to research and utilize, where appropriate, all available funding sources to assist in the timely provision of vocational rehabilitation services.

(Outside funding sources, including Pell grants, veteran's benefits and various state and federal tax credits, may often serve as additional tools to promote vocational rehabilitation services. Their use is encouraged provided that the implementation of an IWRP is not delayed or otherwise adversely affected.)

15. REPRODUCTION OF OEVR FORMS

Any OEVR form may be reproduced and submitted consistent with all other DIA Forms, provided that the reproduction bears precise resemblance to the OEVR form in regard to content and layout.

(Whenever OEVR forms cannot be reproduced from the DIA/OEVR web site, the reproduced document must plainly and clearly indicate 'ORIGINAL' on the top right hand corner of each reproduced page if it is to serve as an original. No matter how the form is reproduced or transmitted to OEVR, OEVR must still ultimately receive the document containing any and all original signatures for placement in the department file.)

16. 15% REDUCTIONS

Providers are to document non-cooperation and refrain from commenting on whether the file warrants a reduction. Furthermore, providers are not to close a case file unless they can substantially document non-cooperation. See G.L.c. 152, §§ 30 G, 30 H. Limited judicial review is available in some cases under § 30H. Appeals under § 30G may be made to the Reviewing Board and the Appeals Court. See G.L. c. 152, §§ 30G, 30H.

Insurers must request authorization of a 15% reduction in writing to the Director of OEVR. and a determination is made upon complete review of the case. When a reduction is warranted, the client must either contact OEVR to resume VR services and thereupon prompt notification will be sent to the insurer for reinstatement OR if the request is denied, the client may appeal to the Commissioner. The client may also file a claim to prove to an Administrative Judge that NO VR of any kind would be appropriate.

17. LABOR MARKET SURVEYS

a) If the rehabilitation provider does a Labor Market Survey (LMS) or a hypothetical Labor Market Survey, it is not to perform vocational rehabilitation services.

b) Recording of transferable skills on the initial evaluation.

Conclusions based on transferable skills **cannot be recorded** using specific job titles as this would constitute a hypothetical labor market survey.

Example: Clients transferable skills will allow him to seek employment as a legal aid, accountant or electrician

Conclusions **can be recorded** using industry titles.

Example: Clients transferable skills will allow him to seek employment in the Legal field, Business field or Electrical field.

18. LAST BEST OFFER

The best offer occurs before the rehabilitation, so if the provider is doing a last best offer for an insurer at conciliation, then they are not to do the rehabilitation on the case. So, if the rehabilitation provider becomes involved in a last best offer, they are not to do the rehabilitation.

19. INDIVIDUAL WRITTEN REHABILITATION PROGRAM (IWRP)

There is no limit on the length of a VR program voluntarily funded by an insurer.

a) OEVR funded programs are limited to fifty-two (52) calendar weeks for pre-12/23/91 injuries and one hundred and four (104) calendar weeks for post-12/23/91 injuries. The insurer often will use OEVR limits as guidelines for the length of the programs that they will support.

b) The IWRP is the document which lists the client's vocational goal, the services the client will receive to obtain that goal, an explanation as to why the specific goal and services were selected, and contain the signatures necessary to implement it. Inasmuch as it is the chief document setting forth the delivery of VR services, it must be drafted clearly and legibly and submitted in a timely fashion. (See Practice Guidelines II. C. 8, 9)

c) The vocational goal should be one which allows the client to work within his/her restrictions and to earn as close as possible to their pre-injury wage (average weekly wage). OEVR's priority of employment goals should be followed. They are:

- (1) RTW same employer, same job modified,
- (2) RTW same employer, different job,
- (3) RTW different employer, similar job,
- (4) Different employer, different job, and
- (5) Retraining.

- d) The provider should have a good knowledge of, or access to, information about employers, labor markets, training resources, funding sources, agencies and other resources within the geographical area in which they work.
- e) Particularly in light of Americans with Disabilities Act (ADA) and other legislation, the provider needs to consider all reasonable accommodations, including light duty or other work modifications before proceeding to other employment goals. Labor agreements need to be considered since they may also impact on the job offer. Although employers at times make verbal offers for modified work, the provider needs to obtain written confirmation of such an offer from the employer along with the job description. If the employer does not want to provide modified work, the provider should procure written confirmation that there is no modified work available from the employer. (See Practice Guideline II. C. 7).
- f) An appropriate offer for modified employment must be for a permanent position within the client's functional limitations at a pay equivalent to the pre-injury job. Clients who accept a temporary position with the pre-injury employer retain their rights to VR. During a transitional period of temporary modified work, the provider should be reporting to OEVR regarding the necessity of developing an IWRP. An IWRP is not required, nor will it be approved, if placement is not into permanent employment. (See Practice Guideline II. C. 11).
- g) The IWRP should be developed jointly with the client. If the client isn't an active participant in this process, the client's investment will be minimal and the chance for a successful VR outcome reduced. Many of the complaints which OEVR receives concern providers who start discussing want ads on the first visit and thereby create a feeling of mistrust on the client's part.
- h) A clear process facilitates the VR counseling process. Clients often are confused and uncertain about vocational issues and the role of the provider. An ability to focus the process through the use of interest, aptitude, and other testing can save time and increase the injured worker's confidence in VR. Testing increases the probability that the client's vocational goal is feasible. Testing should be part of the vocational counseling process if an extensive or expensive training program is being considered.
- i) Although the client needs to be actively involved in the development of the vocational goal and plan, the provider needs to remain realistic in the process. It is not appropriate to agree with an unrealistic goal simply because the client won't consider anything else. Additional counseling usually remedies the problem.
- j) The IWRP goal should be as specific as possible, especially if training is being provided. It should be developed within a timely manner. All IWRPs with an employment goal of permanent modified work must include: (1) a complete job description of the modified position (including the physical requirements of the position); (2) a letter from the employer that the job is being offered on a permanently modified basis; and (3) a statement that the client's treating physician has had the opportunity to review and comment on the job description for the proposed modified job and the client and provider have viewed the job site together.

- k) Functional capacity issues are important, but some vocational counseling can be initiated based on general limitations arising from specific injuries or diagnoses. If it takes longer than ninety (90) days to develop an IWRP something is amiss with the process and the case should be examined carefully. The RRO will ask the provider to provide reasons for the delay. A Team Meeting may be necessary to expedite the process if the IWRP is not developed within this time frame.
- l) It is inappropriate to provide placement services prior to the development and approval of the IWRP. This is especially true if the client refuses to sign the IWRP. These cases are usually unsuccessful unless the underlying issues are identified and resolved. The injured worker's rights to vocational rehabilitation services remain open if an IWRP is not developed and signed.
- m) VR services, other than vocational assessment and counseling, must not be provided until an IWRP is signed by all parties. (See Practice Guideline II. C. 4). OEVR won't sign an IWRP if these services already have been provided. In these cases, another updated and current IWRP will be required. It is the provider's responsibility to see that the insurer signs and returns the IWRP within ten (10) days. If attempts to do so are not successful, the provider should notify OEVR so that the RRO can take further action.
- n) Issues relative to the IWRP should be discussed and resolved prior to being signed. It becomes much more difficult to resolve issues after plan services are implemented. Training programs in particular need to be clear. The client is entitled to reasonable and related components to the training. These items include books and supplies, fees (including health insurance) if mandated by the school, and transportation. These expenses should be reasonable and clearly set forth in the IWRP. (See Practice Guideline II. C. 13).
- o) OEVR expects that all IWRPs generally will contain at least sixty (60) days of job placement and sixty (60) days of post placement follow-up services. Successful case closure occurs when the client has been employed for sixty (60) days.
- p) The RRO will review and sign the IWRP within ten (10) days of its receipt if there are no issues regarding the IWRP. If such issues exist, the RRO will contact the parties to try and resolve them. An IWRP is not effective until signed by all necessary parties and approved by OEVR.
- q) The RRO will call a Team Meeting and attempt to resolve any issues if any of the parties disagree with a proposed IWRP. If agreement cannot be reached, then the RRO will make a decision and recommendations based on G.L. c. 152 and Department regulations and guidelines.

SUMMARY

- A. The IWRP is ready to be written when an **employment** goal and a **vocational** goal have been identified consistent with the client's interests, skills and abilities, it is marketable, and it will not aggravate or compound the disability.
- B. The IWRP must be approved by OEVR before all VR activity (with the exception of those services detailed in C below) has begun. IWRPs must be reduced to writing in a manner approved by OEVR. **Do not present a "verbal" IWRP to the insurer for approval**. If the Insurer refuses to support the IWRP it must be returned to you with a letter stating the reasons for the refusal.
- C. On-Site Job Analysis, Transferable Skills Analysis, Work Evaluation and Vocational Counseling are the only services that may be performed prior to IWRP approval since this information will be needed in order to develop an IWRP.
- D. Providers are responsible to ensure that the pre-injury employer has been contacted to determine if modification or alternative employment is available. (See Practice Guideline II. C. 7).
- E. Books, supplies, transportation etc. must be accounted for in the IWRP and the Provider must make arrangements for tuition payment, books, supplies, transportation, parking, etc. well before the start of each semester. (See Practice Guideline II. C. 13).
- F. Providers are expected to present the parties with all applicable information relating to the availability of outside sources of funding. (See Practice Guideline II. C. 14).
- G. To insure an appropriate and successful retraining program, clients must first be vocationally and academically evaluated to determine whether they are able to pursue a retraining program. Testing should include such evaluation instruments as: WAIS, WRAT, vocational evaluation work samples, interests inventories, etc... Test results of any academic testing must be in grade equivalents or in percentiles. Providers must attach test summaries to the IWRP.
- H. Providers are responsible for ensuring that a program description setting forth required courses, entry requirements and school placement rate are attached to the IWRP.

20. FILLING OUT THE IWRP

All items must be filled out completely, including:

- a.) **EMPLOYMENT GOAL:**
Check off only one employment goal. If it needs to be changed in the future, use the IWRP Amendment Form.
- b.) **WAGE INFORMATION:** include all appropriate information.
- c.) **COMPLETION DATE:** record estimated date when all services will be completed. (This will usually be the end date of the 60 days Post Placement Activity Follow-up).
- d.) **VOCATIONAL GOAL:**
Record one vocational goal on the IWRP.
- e.) **FUNCTIONAL LIMITATIONS:**
Describe and list client's functional limitations as stated by the treating, evaluating and/or impartial physician.
- f.) **TRANSFERABLE SKILLS:**
List the actual skills learned / performed on the job.
- g.) **ESTIMATED COST:**
List the estimated total cost for each service and hours involved. Do not merely list your hourly fee.
- h.) **PROGRAM JUSTIFICATIONS:**
 - (1) Client Profile-work history, education, disability, limitations, abilities, interests, diagnosis, prognosis, treatment, etc...
 - (2) Justify why the employment goal chosen is appropriate and why the others are not. Record the following statements and answer:
 - (a) RTW same employer, same job modified is/is not possible because..... (explain)
 - (b) RTW same employer, different job is/is not possible because..... (explain)
 - (c) RTW different employer, similar job is/ is not possible because (explain)
 - (d) RTW different employer, different job is/is not possible because (explain)
 - (e) Retraining is/is not possible because (explain)

(3) Describe details on how each service will be provided.

(4) Describe and delineate client and provider responsibilities.

(Ex. “Counselor will be responsible for making all arrangements to start school in the Fall. Client will be responsible for daily attendance, maintaining the academic standards set by the institution, and contacting the counselor once every two weeks,” etc..)

(5) Record exact job modification(s), if any.

(6) Summarize why the VR service(s) selected will help achieve the vocational goal.

(7) Justify the job demand by recording results of market research in clients' immediate geographical area.

i.) **IWRP AMENDMENTS**

(see attached form IWRP Amendment in Appendix)

(1) The IWRP Amendment is used to record changes in the IWRP and agreement by all parties with those changes. These changes include: a new vocational goal, or change in employment goal, addition or deletion of IWRP services, a significant change in VR costs, or changes in IWRP dates of service.

(2) Procedures involving an Amendment are essentially the same as with an IWRP (see IWRP section). The Amendment should be sent to OEVR within ten (10) working days after it has been submitted to the insurer.

(3) The name of the employee should be listed on the Amendment. Items one through three should be completed. The Amendment will not be approved unless the employee, provider and insurer have signed it. RRO disapproval of the Amendment will follow the same procedures as for IWRP disapproval.

(4) Services provided without an amendment being developed, will be considered a serious violation of OVER policy.

(5) At times, provision of vocational rehabilitation services need to be interrupted, usually for medical reasons. Such cases should be discussed with the RRO who may agree to suspend the case for up to ninety (90) days. The provider can contact the client periodically to determine appropriateness of continued suspension.

(6) A report, indicating the suspension of a case, should be sent to the RRO attached to the suspension form. The report should indicate the reason for the suspension of services be signed by the provider. Vocational rehabilitation services should be resumed as soon as possible. Case closure may need to be considered if the issues which led to the suspension have not been resolved by the end of the ninety day period.

SUMMARY

A. The following items must be completed on the IWRP Amendment:

1. Current status of plan;
2. Proposed amendment;
3. Reason for amendment;
4. Specification of any additional vocational rehabilitation services which will be required;
5. Amended projected total vocational rehabilitation costs;
6. Amended completion date.

B. The IWRP Amendment is used to record and justify changes in the IWRP, new issues or setbacks affecting vocational rehabilitation plan completion, change of employment or vocational goal, addition or deletion of one or more vocational rehabilitation service and extension of the IWRP completion date.

C. A signed IWRP Amendment must be immediately forwarded to OEVR. The same justification required on the IWRP is required on the IWRP Amendment. It must be signed and dated by client, provider, insurer and approved first by OEVR before services start.

j.) PROGRESS REPORTS

(1) It is the responsibility of the provider to submit progress reports on a regular basis in order for the RRO to clearly understand the current case status. In those cases where an IWRP has not been developed within thirty (90) days, the provider must provide justification in progress reports for continuing services. Providers must send in a progress report every thirty (30) days. Clients receive a copy of the progress reports when requested or when they are PRO/SE.

(2) The RRO should be able to understand the case status based on the last report in the case. OEVR should remain apprised of current case status in instances where monthly provider/client contact does not occur or where a case is suspended. These cases usually involve medical treatment issues or clients performing well in long-term training programs (which require reports every 90 days).

(3) For clients in training programs, the level of reporting should be sufficient to ensure successful completion of the training program and ability to intervene if problems arise. A report following the start of the training program should be submitted to OEVR. If there are no apparent problems, then reporting can occur every ninety (90) days. If there are problems, case activity and

subsequent reports need to be more frequent. There should not be a need for monthly provider/client contacts for motivated clients who are doing well in training. Contacts should occur at the beginning of training and at the end of the training cycle. If problems arise during the training cycle, the responsible client will contact the provider. Copies of client grades should be sent to the RRO as well as copies of whatever other documentation is sent to the insurer.

(4) In general, progress reports should include a summary of the current case status, progress toward IWRP development, barriers affecting VR progress/problems in training programs, general results of placement activities, and reasons for case closure.

SUMMARY

A. Progress reports must include the following:

1. Present status of vocational activity;
2. Status of IWRP development (including explanation if IWRP has not been completed within 90 days and request for an extension from the RRO);
3. If client is retraining, copy of grades received from each marking period and other supportive data (such as attendance);
4. Summary of all vocational testing used to help develop an employment goal and a vocational goal;
5. The name of the OEVR review officer.

B. Prior to an approved IWRP, progress reports shall not contain job ads from newspaper and other sources. This is considered akin to a labor market survey. Extensive monthly lists of job referrals generally are unnecessary and increase case costs. Market research may be performed only on the vocational goal recorded on the IWRP. You can determine marketability without a Labor Market Survey by using other vocational tools.

[EX: “ A review of the job market for IV Nurse and Recovery room Nurse was conducted. 20 Hospitals were contacted with 12 of them currently having several positions available. 3 do not at present but were hiring 3 months ago. Review of job ads and information received from DET-FRS reveal a moderate level of employment in the Boston area. 20% of existing job ads are in these fields. The vocational goal appears fairly marketable, thus we are ready to write up a plan.”].

k.) CASE CLOSURE

(1) A closure takes place when VR services have been initiated and later it is determined that services are no longer necessary, feasible, or desired by the client. Closure may also occur when an injured worked completes a vocational rehabilitation program and is employed successfully for sixty (60) days.

(2) All requests for closure must be filed with OEVR on its Closure Form. This form is completed and signed by the provider and then sent to the appropriated RRO. This form is required in order to close any case in which OEVR has deemed the client suitable for services and such services have been initiated. The provider should send a narrative report in addition to the Closure Form as the Closure Form is insufficient for the RRO to assess the appropriateness of case closure.

(3) Vocational rehabilitation services are terminated for many reasons and not all requests for closure are appropriate. For example, a lump sum settlement in and of itself is not a valid reason for case closure. The provider has a responsibility to discuss that case with the RRO prior to case termination. Prior approval must be obtained from the RRO before closing the case.

(4) Closures should meet the following criteria: (1) all parties should understand the reasons for case closure; (2) the client is told of the possible impact on future VR rights; (3) the case is discussed with the RRO; (4) a complete closure form is submitted by the provider to OEVR. When a client successfully completes an IWRP and has worked for at least sixty (60) days the case should be closed. The Closure Form must list the new job title, DOT code, employer name and address, client wage, and the other required information.

SUMMARY

A. The Closure Form must contain the following information:

1. Employment status;
2. Name of employer;
3. Hourly wage;
4. Whether the client has been continuously employed for 60 or more days;
5. Date returned to work;
6. Job title and DOT code;
7. Total vocational rehabilitation costs of all services rendered after the date of OEVR's Determination of Suitability (DOS). (See Practice Guideline II. C. 12).

B. The provider does not need to submit a Closure Form if OEVR has not deemed the client suitable for VR. However, no case in which OEVR has determined suitability may be closed with respect to VR services without the submission of a signed and dated VR Closure Form and approval by OEVR. The provider needs to submit a Closure Form to OEVR on any case in which OEVR has deemed the client suitable for services and VR services have been provided.

PART II

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**OEVR PROVISIONS, CHANGES, AND
REGULATIONS**

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**I. MEMORANDUM ON PROVISIONS AND
REVISIONS IN THE DECEMBER 23, 1991
REFORM ACT INVOLVING VR**

Many of the December 23, 1991 new law revisions impacted and expanded the role of the Office of Education and Vocational Rehabilitation. Most of the mandates are procedural, effecting injuries back to November 1, 1986 when the previous reform was enacted. The following outlines all OEVR sections of the new statute with the underlined and bold sections indicating amendments to Chapter 152:

Section 30: *Medical and hospital services*

In any case where an AJ/ALJ, OEVR or Health Care Services Board (HCSB) is of the opinion that the fitting of an employee eligible for compensation with an artificial eye, the limb, or other mechanical appliance, will promote restoration to or continuation in industry, it may be ordered that such employee be provided with such item, at the expense of the insurer. These provisions are applicable, notwithstanding the fact that maximum compensation under other sections of the chapter may have been received by the employee. This is procedural and applies to all dates of injury. St. 1991, c. 398, § 53. See Stevens v. Northeastern Univ., 11 Mass. Workers' Comp. Rep. 167 (1997) (discussing breadth of mechanical appliances which may be ordered in order to return an employee to gainful employment).

Section. 30E: *Development of voluntary agreements*

It shall be policy of the department to encourage and assist in development of voluntary agreements between injured employees and insurers to provide and utilize vocational rehabilitation services when necessary to return such employees to suitable gainful employment. The department shall promulgate rules and regulations to implement such policy. (no change).

Section 30F: *Identification of cases in which vocational rehabilitation services may be required*

The Commissioner shall promulgate rules and regulations for the identification and reporting to the office of education and vocational rehabilitation of cases in which vocational rehabilitation services may be required. The purpose of said rules and regulations shall be to facilitate the earliest possible identification of such cases. (no change).

Section 30G: *Meetings with injured employees requiring vocational rehabilitation services*

OEVR shall contact and meet with each injured employee who it believes may require vocational rehabilitation services in order to return to suitable employment. Any such employee who refuses to meet with OEVR shall not be entitled to weekly compensation benefits during period of such refusal. (no change).

Section 30G (cont): **An insurer may reduce weekly benefits by 15% to any employee deemed suitable for vocational rehabilitation services by OEVR when such employee refuses such services during the period of refusal. No lump sum settlement shall be reached when deemed suitable by OEVR (Note: this does not mean a certified provider) who has not completed an appropriate vocational rehabilitation program, pursuant to Section 30, without the express written consent of said office. Any employee aggrieved by a 15% reduction or prohibition of a lump sum settlement under this section may file a claim for reinstatement of benefits or removal of such prohibition; provided that compensation shall not be reinstated nor the settlement allowed unless the claimant demonstrates that no vocational rehabilitation program of any kind would be appropriate for such claimant.** This new section is procedural and applies to all dates of injury. St. 1991, c. 398, § 54.

Section 30H: *Applications for vocational rehabilitation services*

If the insurer and employee fail to agree to a vocational rehabilitation program, the employee may apply to OEVR for services. If the Office determines vocational rehabilitation is necessary and feasible, it shall promptly develop, after such consultation as it judges reasonable with the employee and insurer, an appropriate program of no greater than **one hundred and four weeks for the employee** (consecutive calendar weeks). Previously, this section provided 52 weeks of VR for pre-December 23, 1991 cases. This new provision for 104 weeks is substantive and applies to post-December 23, 1991 cases only. St. 1991, c. 398 § 55, in the fourth sentence substituted “one hundred and four” for “fifty two.”

The commissioner shall provide by rule for efficient procedures and quality controls in the office’s management of such programs, which may be carried out under contract by private rehabilitation services providers. If, upon completion of the program, the office determines that the program was successful and returned the employee to suitable employment, it shall assess the insurer no less than twice the cost incurred by the office and such assessment shall be paid into said trust fund. The insurer may contest any aspect of the assessment by filing a complaint with the division of dispute resolution. The injured employee shall not be a party to such proceedings. (no change).

A Public employer or public employer self-insurance group which has filed notice of non-participation under § 65, and which has appealed the determination of OEVR shall be bound by the decision of the Commissioner and if required by such decision, shall provide the vocational rehabilitation program developed by the Office. Such decision shall be enforceable in same manner as an order pursuant to § 12. This is a new paragraph and is procedural applying to all cases regardless of the date of injury. St. 1991, c. 398, § 56.

Section 30 I: Availability of new jobs and job training programs (no change).

Section 35D(5): *Computation of weekly wage*

The fact that an employee has enrolled or is participating in a vocational rehabilitation program paid for by the insurer or the department shall not be used to support the contention that the employee's compensation rate should be decreased in any proceeding under this chapter. St. 1991, c. 398, § 65, in subsection (5) added this provision. It is procedural.

Section 45: *Examination by physician; filing copy of report; refusing or obstructing examination; reimbursement of travel expenses and wages*

The employee's right to compensation shall also be suspended during a period when the employee refuses an insurer's written request that the employee be evaluated by a vocational rehabilitation specialist within the department. This request may occur only once every six months. This is a new section and applies to all cases (procedural). St. 1991, c. 398, § 72.

Section 48(2): *Lump sum agreements (subsection (2), in the second paragraph, in the fourth sentence added the following provision)*

[No] employee shall be entitled to vocational rehabilitation benefits for any injury unless such employee shall have requested such benefits within two years of perfection of any settlement under this section of benefits due for said injury. This is a new section and is substantive, applying only to post – December 23, 1991 cases. St. 1991, c. 398, § 74A.

(3): **Where an employee has been found suitable for vocational rehabilitation services pursuant to § 30G, lump sum agreements shall be valid only where the employee returned to continuous employment for a period of six months or more; or completed an approved rehabilitation plan; received express written consent from OEVR; or an order or decision from an administrative judge or administrative law judge authorizing such agreement.** This is a new section and is procedural, applying to all cases. St. 1991, c. 398 § 75.

Section 65 (2)(d): *Special Fund; trust fund*

Payment of vocational rehabilitation benefits pursuant to § 30H by the Trust Fund. This is a new section and applies to all cases (procedural). St. 1991, c. 398, § 85. G.L. c. 152, § 30H provides: If the insurer refuses to provide the vocational rehabilitation program developed by the office, the office shall provide it to the employee with trust fund money pursuant to § 65. The Commissioner shall provide by rule for efficient procedures and quality controls in the office's management of such programs, which may be carried out under contract by private rehabilitation service providers. If upon completion of the program, the office determines that the program was successful and returned the employee to suitable employment, it shall assess the insurer no less than twice the cost incurred by the office and such assessment shall be paid into said trust fund. St. 1985, c. 572, § 40, made effective November 1, 1986. (no change).

II. 452 CODE MASS REGS. §§ 4.00 – 4.11

452 CMR 4.00: VOCATIONAL REHABILITATION

Section

- 4.01: Scope and Authority
- 4.02: Definitions
- 4.03: Qualifications and Standards of Providers
- 4.04: Evaluation, Suspension and Removal of Providers
- 4.05: Mandatory Meeting
- 4.06: Notice to Insurer of Suitability
- 4.07: Design of Individual Written Rehabilitation Program
- 4.08: Amendment, Suspension or Termination of the Rehabilitation Program
- 4.09: Notification and Authorization to Insurers Relative to Refusal of Vocational Services
- 4.10: OEVR Consent to Lump Sum Settlements
- 4.11: OEVR Director and Rehabilitation Review Officers

4.01: Scope and Authority

452 CMR 4.00 is promulgated pursuant to M.G.L. c.152, § 1(12), as amended by St. 1991, c.398, § 15 and § 30F, as amended by St. 1986, c.662, § 29, for the purpose of carrying out the requirements of M.G.L. c.152 relative to the provision of appropriate vocational rehabilitation services as overseen by the office of education and vocational rehabilitation (OEVR).

4.02: Definitions

- (1) Amendment to the Individual Written Rehabilitation Program as used in 452 CMR 4.00, shall mean any addition, deletion, or substitution in the employment goal, scope of services, responsibilities, or costs of the individual written vocational rehabilitation plan.
- (2) Catastrophic Injury as used in 452 CMR 4.00 shall be one in which an individual has sustained loss of function involving, but not limited to, any of the following conditions:
 - (a) mangling, crushing or amputation of a major portion of an extremity,
 - (b) traumatic injury to the spinal cord that has caused or may cause paralysis,
 - (c) severe burns that require burn center care, or
 - (d) serious head injury, loss of vision in both eyes, or loss of hearing in both ears.
- (3) Determination of Suitability, as used in 452 CMR § 4.00, shall mean an evaluation of an injured employee as to appropriateness for vocational rehabilitation services by a review officer employed by OEVR, referred to in M.G.L. c. 152, § 30G.

- (4) Feasibility of Vocational Rehabilitation, as used in M.G.L. c. 152, § 30H, and 452 CMR § 4.00, shall mean the practicality of recommending vocational rehabilitation services with respect to the cost-benefit ratio of such services, predictable return to function and duration of future employment, and the injured employee's pre-injury wage.
- (5) Functional Limitation, as used in 452 CMR § 4.00, shall mean the residual effect of physical or psychiatric injury or occupational disease as related to capacity to work.
- (6) Individual Written Rehabilitation Program (IWRP), as used in 452 CMR § 4.00, shall mean the source document for the injured employee's individual rehabilitation program, referred to in M.G.L. c. 152, § 30G, which lists the services, costs, and responsibilities of all participants and which is developed by an OEVR certified rehabilitation provider but approved by the office of education and vocational rehabilitation.
- (7) Mandatory Meeting, as used in M.G.L. c.152 and 452 CMR § 4.00 shall mean the initial interview between a worker's compensation recipient and a vocational rehabilitation review officer employed by OEVR. [referred to in M.G. L. c. 152, § 30G].
- (8) Necessity of Rehabilitation, as used in M.G.L. c. 152, § 30H, and 452 CMR § 4.00, shall mean circumstances in which an injured employee can not return to his or her former job with his or her former employer without job modification or job redesign, or placement in another job with or without retraining because of the functional limitation resulting from his or her injury.
- (9) Qualified Rehabilitation Counselor, as used in 452 CMR § 4.00, shall mean any person who is approved to serve worker's compensation recipients pursuant to 452 CMR § 4.03 (2).
- (10) Reasonable Incidental Costs, as used in 452 CMR § 4.00, shall mean the cost of travel to a rehabilitation program site, as well as other expenses directly related to the rehabilitation program without which the injured employee would be unable to participate.
- (11) Successful Rehabilitation, as used in 452 CMR § 4.00, shall mean sixty (60) days of consecutive employment in a job compatible with the IWRP.
- (12) Systemic Injury, as used in 452 CMR § 4.00, shall mean an injury which affects an entire body system, such as the respiratory or neurologic system, as opposed to an injury which limits function in one area, such as a muscle sprain or strain.
- (13) Team Meeting, as used in 452 CMR § 4.00, shall mean a special meeting with OEVR inclusive of all parties involved in the vocational services being administered to an injury employee.
- (14) Transferable Skills, as used in 452 CMR § 4.00, shall mean any combination of learned behavior, natural talents, and work-related skills which can be adapted from one work setting to another.

4.03: Qualifications and Standards of Providers

(1) Vocational rehabilitation services may be provided to injured employees only by organizations approved by OEVR as qualified providers. Requests for such approval may be submitted to OEVR by:

(a) any state vocational rehabilitation agency or employment and training agency which delivers vocational rehabilitation services or placement services to handicapped persons, or

(b) any insurer, self-insurer, or private vocational rehabilitation organization, including corporations, partnerships, and sole proprietorships engaged in the provision of vocational rehabilitation services or placement of handicapped persons in employment.

(2) Any such vocational rehabilitation provider shall furnish to the office of education and vocational rehabilitation certification that each rehabilitation counselor who serves workers' compensation recipients has attained any or all of the following credentials:

(a) the certified rehabilitation counselor designation or the certified insurance rehabilitation specialist designation;

(b) a master's degree in vocational rehabilitation or an allied social science, such as physical therapy, occupational therapy, psychology, social work, nursing, or guidance and counseling, and a minimum of one years work experience in vocational rehabilitation;

(c) a bachelor's degree and a minimum of five years work experience in vocational rehabilitation, unless the bachelor's degree is in vocational rehabilitation; nursing, or an allied social science, in which case the counselor shall have attained at least two years work experience in vocational rehabilitation; or

(d) a minimum of ten years work experience in vocational rehabilitation; or

(e) registered nurses with three years experience in vocational rehabilitation; or

(f) licensure as a rehabilitation counselor from the board of allied mental health and human services professions.

(3) No employee of a vocational rehabilitation provider shall have primary responsibility for a workers' compensation rehabilitation case unless he or she has been approved as a qualified rehabilitation counselor pursuant to 452 CMR § 4.03 (2). Persons who have not been so approved may serve injured employees provided that they do so under the supervision of an approved rehabilitation counselor. Such supervision shall include co-signing of any report or plan required by the office of education and vocational rehabilitation. No supervised employee shall share supervision with more than three other such employees.

(4) Approval of a vocational rehabilitation provider shall be effective for up to one year from the date of approval. Any provider which has secured such approval may request that OEVR renew such approval. Any such renewal shall be effective for up to one year from the date of renewal. In considering whether approval or renewal is appropriate, OEVR shall determine whether the provider has:

(a) observed all applicable federal, state, and local laws, regulations, and ordinances;

(b) accurately represented its services and credentials in reports or certifications required by OEVR, and in any advertisements;

- (c) avoided conflicts of interest in the provision of vocational rehabilitation services; and
- (d) honored injured employees' rights to privacy.

4.04: Evaluation, Suspension and Removal of Providers

- (1) Pursuant to M.G.L. c. 152, § 30H, each rehabilitation provider which offers services to workers' compensation recipients shall be evaluated periodically by OEVR. The evaluation shall focus on the quality of services provided, the costs of such services, and the results achieved by such services including the provider's record relative to the avoidance of conflicts of interest in the provision of vocational rehabilitation services. In conducting such an evaluation, OEVR shall monitor and evaluate each individual written rehabilitation program implemented by the provider, documenting the injured employee's utilization of services and achievement of program goals.
- (2) OEVR shall notify in writing any rehabilitation provider who, according to the annual evaluation, fails to meet service or cost effectiveness standards. Such notice shall state specifically the reasons for OEVR's finding of sub-standard performance. In order to satisfy the office that a performance deficiency has been corrected, each such provider shall submit any documentation required by the office to monitor and evaluate corrective actions taken by the provider. Unless the provider corrects each stated performance deficiency within 30 calendar days from the receipt of such notice, said provider may be suspended or removed by the commissioner from OEVR's list of approved providers. In the event that the provider is removed from the approved list of providers, an appeal may be submitted in writing to the commissioner within 14 days of such provider's receipt of notice of removal or suspension.
- (3) Certified providers performing any type of claims functions apart from vocational rehabilitation services, including hypothetical labor market surveys and earning capacity evaluations, shall be prohibited from providing vocational services to the same injured employee.

4.05: Mandatory Meeting

- (1) Whenever an insurer makes payments pursuant to a memorandum submitted to the department pursuant to 452 CMR § 1.05(2), or pursuant to an order or decision of an administrative judge, OEVR may contact the injured employee, to determine whether an initial interview is appropriate, according to the following schedule:
 - (a) any such injured employee who has sustained a catastrophic injury shall be contacted within 14 calendar days of the receipt of such memorandum or issuance of such order or decision;
 - (b) any such injured employee who has sustained loss of function due to back injury, cardiac condition, cancer, or other systemic injury would require that the individual receive vocational rehabilitation services before returning to work shall be contacted within 49 calendar days of the receipt of such memorandum or issuance of such order or decision;
 - (c) any other such injured employee shall be contacted within 84 calendar days of the receipt of such memorandum or issuance of such an order or decision, provided that the department has not received a notice of suspension or discontinuance of compensation pursuant to 452 CMR § 1.06.

(2) Information gathered by OEVR at the initial interview shall be used to determine whether rehabilitation services are necessary and feasible. Such information shall include, but need not be limited to, the injured employee's:

- (a) functional limitations;
- (b) employment history;
- (c) transferable skills;
- (d) work habits;
- (e) vocational interests;
- (f) pre-injury earnings;
- (g) financial needs; or
- (h) medical information.

4.06: Notice to Insurer of Suitability

OEVR shall notify the insurer in writing of its determination of suitability and whether vocational rehabilitation has been found to be necessary and feasible for an injured employee. Within (10) working days of receipt of such notification, the insurer shall provide to the office all pertinent medical records on the injured employee if not previously submitted. If the insurer fails to produce the requested medical information and the treating physician is unable to provide a current medical report, OEVR shall order an impartial medical examination, the reasonable cost of which shall be reimbursed by the insurer. Otherwise, OEVR will determine suitability based on the information submitted.

4.07: Design of Individual Written Rehabilitation Program

(1) In the event that OEVR determines that vocational rehabilitation services are necessary and feasible for an injured employee, OEVR shall proceed as follows:

(a) When the injured employee, on the date of such determination, is participating in a vocational rehabilitation program initiated by the insurer, OEVR shall require that the individual written rehabilitation program be sent to OEVR and to any person participating in the implementation of the program. OEVR shall either approve or disapprove the program within 10 calendar days from the date of receipt of the program. Any comments on the program shall be submitted by participants to OEVR within seven calendar days of date of the office's receipt of the program.

(b) When the injured employee, on the date of such determination, is not participating in a vocational rehabilitation program initiated by the insurer, OEVR will contact the insurer and request that the insurer provide rehabilitation services to the injured employee through an approved provider as outlined in 452 CMR § 4.03. In selecting a provider, OEVR shall consider such matters as: the home address of the injured employee, the business address of the provider, the service specialties, if any, of the provider, the experience of the provider, and the current caseload of the provider. In the

event that the injured employee disapproves of the rehabilitation services planned for him or her by the insurer, no such IWRP shall be approved by OEVR until a representative of the insurer authorized to approve expenditures for rehabilitation, the rehabilitation provider, and the injured employee have met with OEVR and agreed on the employment goal, the scope of services, and the cost of the program.

(c) When the insurer, rehabilitation provider, and injured employee fail to agree on the implementation of a program pursuant to 452 CMR § 1.06(1)(b), an individual written rehabilitation program shall be designed by a selected rehabilitation provider in accordance with specifications of the office. The cost of such a program shall be assumed by the workers' compensation trust fund under M.G.L. c.152, § 65 (2)(d) and the insurance company will be assessed pursuant to M.G.L. c.152, § 30H upon the attainment of a successful rehabilitation as defined in 452 CMR § 4.02.

(2) Vocational rehabilitation services set out in an individual written rehabilitation Program may include, but not need to be limited to:

- (a) vocational assessment;
- (b) work evaluation;
- (c) job analysis;
- (d) job modification;
- (e) vocational counseling;
- (f) job placement and follow-up;
- (g) on the job training; or
- (h) retraining.

(3) In establishing the employment goal of the individual written rehabilitation program, the participants shall give priority to returning the injured employee to employment with the pre-injury employer in the pre-injury job, or in said job modified to accommodate the injured employee's residual impairments. In the event that the injured employee's functional limitations or constraints of the local labor market preclude return to the pre-injury job, then the participants shall establish an employment goal appropriate to such injured employee's pre-injury wage, transferable skills, and employment history.

4.08 Amendment, Suspension or Termination of the Rehabilitation Program

(1) Whenever significant change in the life circumstances of the injured employee such as a medical reversal occurs, the IWRP shall be amended, suspended or terminated. Any amendment shall document the changed life situation and reflect appropriate medical, vocational or environmental intervention of the injured employee. Although an amendment may be substantive, such as a change in the employment goal or scope of service, the insurer shall not be liable for the cost of multiple or successive rehabilitation programs as defined by OEVR.

(2) In any circumstance in which OEVR determines that the health or well-being of the injured employee is jeopardized, OEVR may order that services be terminated immediately.

4.09: Notification and Authorization to Insurers Relative to Refusal of Vocational Services

(1) If it is determined by OEVR that an initial interview is appropriate, OEVR shall schedule the mandatory meeting of said injured employee at a mutually convenient time as soon as reasonably possible. If the injured employee fails to appear at the scheduled interview, OEVR shall reschedule by certified letter, however, if the injured employee fails to appear again, OEVR shall notify the insurer in writing, pursuant to M.G.L. c. 152, § 30G, that the injured employee is not entitled to weekly compensation during the period of such refusal to attend the mandatory meeting.

(2) When an injured employee is determined suitable for vocational rehabilitation services by OEVR and refuses such services, the insurer may request written authorization from OEVR for a 15% reduction in weekly benefits for the time such injured employee refuses vocational services. In accordance with M.G.L. c. 152

§ 8.00(2)(f), OEVR will confirm authorization for reduction for refusal of such services in writing after the following:

(a) where OEVR holds a team meeting of all parties to resolve vocational issues and obstacles in the process; and/or

(b) where a certified letter is sent to the injured employee instructing s/he to contact OEVR within 5 working days;

Reinstatement will be authorized by OEVR when an injured employee actively resumes services or otherwise justifies to the satisfaction of OEVR the appropriateness of the refusal.

(3) Whenever an injured employee attends a mandatory meeting, actively resumes services, or otherwise justifies to the satisfaction of OEVR the appropriateness of his or her refusal of services, OEVR will confirm in writing to the insurer that no authorization for suspension or reduction of benefits remains in effect.

4.10: OEVR Consent to Lump Sum Settlements

Where an injured employee who has been deemed suitable for vocational rehabilitation services by OEVR but has not completed an appropriate rehabilitation program requests the consent of the office to a proposed lump sum settlement, a letter must be submitted to the Director of OEVR at least two weeks prior to the lump sum conference. The letter must include the following information:

(a) employee name;

(b) DIA board number;

(c) date and region of lump sum conference; and

(d) reason why a review for consent is being requested.

4.11: OEVR Director and Rehabilitation Review Officers

No Vocational Rehabilitation Review Officer or OEVR Director shall be called to testify at any proceeding within the Division of Dispute Resolution regarding any vocational issue which has come before him as the Director or as the Vocational Review Officer.

REGULATORY AUTHORITY 452 CMR 4.00: M.G.L. c. 152, § 5.

PART III

APPENDIX

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CASE REVIEW FORM

RRO _____ Date _____
 Employee Name _____
 DIA Bd# _____
 Vendor _____
 V.R. Specialist: _____

	YES	NO	DATE(Where Applicable)
(1) Referral made to OEVR	_____	_____	_____
(2) D.O.S. Issued	_____	_____	_____
(3) IWRP Development:			
(a) One Employment Goal Listed	_____	_____	_____
(b) One vocational goal Listed	_____	_____	_____
(c) Completion Date correctly	_____	_____	_____
(d) Functional Limitations			
correctly recorded	_____	_____	_____
(e) Transferable skills-if			
applicable-Recorded	_____	_____	_____
(f) Estimated Cost Recorded	_____	_____	_____
			COMMENTS
(g) Program Justification to			
include education;	_____	_____	_____
disability/limitations;	_____	_____	_____
abilities, test results,			
diagnosis;	_____	_____	_____
justification of employment	_____	_____	_____
goal, exploration of voc.	_____	_____	_____
alternatives, client & provider	_____	_____	_____
responsibilities.	_____	_____	_____
(4) IWRP developed in 90 days	_____	_____	_____
(5) Letter requesting extension			
of 90 days	_____	_____	_____
(6) IWRP Received by OEVR			
within 10 days	_____	_____	_____
(7) Amendments to IWRP			
within 10 days	_____	_____	_____
(8) Suspension of VR services	_____	_____	_____
(9) Closure form received			
within 10 days	_____	_____	_____

FORM # 151

II. INDIVIDUAL WRITTEN REHABILITATION FORM

This form can be downloaded from the DIA/OEVR web site -
www.mass.gov/dia.

FORM # 152

III. AMENDMENT/SUSPENSION/CLOSURE FORM

This form can be downloaded from the DIA/OEVR web site -
www.mass.gov/dia.

DEPARTMENT OF INDUSTRIAL ACCIDENTS
OFFICE OF EDUCATION AND VOCATIONAL REHABILITATION

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